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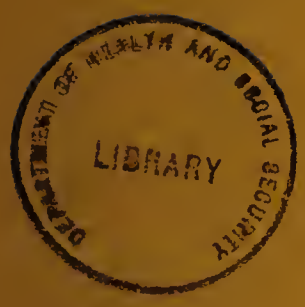
WESTMORLAND COUNTY COUNCIL

Annual Report

of the

County Medical Officer of Health

and Principal School Medical Officer



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COUNTY OF WESTMORLAND

Health Department,
County Hall, Kendal.

November 1973.

Mr. Chairman, Ladies and Gentlemen,

ANNUAL REPORT FOR 1972

I have the honour to present to you the report of the Health Services for 1972.

Many of the plans and discussions regarding Reorganisation of Local Government and the Health Services were finalised during the year with the passing of the Local Government Reorganisation Act 1972 and the foreshadowed legislation on the National Health Service. These made far reaching proposals for the County Health Services due to the decision of the Secretary of State that the Area Health Authority would be coterminous with the new County Council. Discussion inevitably arose as to the implications of this for the southern part of the County. The northern part of the county's links with Penrith and Carlisle would continue as at present.

The publication of the proposals in the Maud Report (June 1969), envisaged a new authority embracing Barrow County Borough, Furness Area of Lancashire, South Westmorland and North Lancashire. This would have maintained many existing flows and would have meant that Kendal would have been at the hub of an authority which had poles naturally based at Lancaster and Barrow. During 1972, under the new proposals for Local Government Reorganisation, the County Council, as the last of three possibilities put forward, adopted a similar proposal. Under the Local Government Reorganisation Act, however, the new County of Cumbria has now finally emerged. This is an entirely different concept creating new problems for services. It is a sparsely populated area with population round the periphery and difficult cross-county communications. As far as the Health Services were concerned, this meant creating a boundary, not only between two Area Health Authorities (Lancashire and Cumbria), but also between two Regions (Lancashire and Newcastle). Anxiety has been expressed by public opinion in the area that this would inevitably lead to a weakening of the convenient links with the Lancaster Hospital Services. On the other hand, the Community Health Services would have to maintain a link with the Cumbria County Social Services and Education Departments. Discussions continued throughout the year as to how these conflicting demands could be resolved.

The problems of providing a Hospital Service in an area with a small scattered population but with a high influx of holiday visitors are considerable. Holiday visitors create considerable pressure with the possibility of road and mountain accidents and the rapid transmission of outbreaks of infectious disease. Unfortunately, official statistics do not emphasise that the Westmorland area is unique in many respects and it is necessary to provide expensive services, due to difficulties of travel in the area and the increase in summer population. In this respect, it is more valid to compare Westmorland with the situation in certain Scottish highlands and islands where a similar degree of independence of hospitals is required and Health Services have to be provided at some expense for infrequent events.

Effects of Health Services Reorganisation have been difficult to assess as undoubtedly there has been a tendency to concentrate services at District General Hospitals at the expense of providing at the periphery more local services. On the other hand, the close proximity of the North Lancashire Hospitals to Southern Westmorland has meant that convenient links need to be preserved as other major centres in Cumbria are far too distant to provide easy servicing for acute specialties.

Health Centres

A programme of continuous development of Health Centres throughout the County has been a unique feature which is unparalleled in any other part of Cumbria.

The first Health Centre in Westmorland and in Cumbria was opened by Lord Aberdare, Minister of State for Health, on 27th October 1972. This was an unforgettable, unique occasion for the people of Appleby who could see,not only an integrated Health Care Team being provided with their family doctor service, but also adjacent Library and Social Services facilities. The visit of Lord Aberdare to the county emphasised the far sightedness of those who were instrumental in preparing and carrying out this plan. The opening ceremony was attended by many people including the Mayor of Appleby, Members of the County Council and Lord Aberdare was invited to open the Centre by the Chairman of the County Council, Mr. P.G. Thomson. During his opening remarks, the Minister said that every encouragement was to be given to Health Centres throughout the country and schemes forwarded would be given sympathetic consideration. During the day, considerable amusement was caused when the Minister submitted to an examination by the Principal School Dental Officer with the comment that it was one of the most comfortable and well-equipped Dental Surgeries he had seen.

Plans for a Health Centre at Windermere were also actively considered and the project was included in the Capital Building Programme for 1974/5. This would enable a wide range of facilities to be made available for the people of Windermere as well as to accommodate the influx of holiday makers who cause considerable demands on the time of General Practitioners and other Health Service workers in the area during the summer months.

Another project was also discussed with the Newcastle Regional Hospital Board. This will be a joint Community Hospital of between 10 to 15 beds and a Health Centre for General Practitioners in Kirkby Stephen. After preliminary discussions regarding suitable siting of the project, plans were submitted for consideration by the Department of Health and there is hope that approval will be given by the Secretary of State for work to commence on facilities in an area which is naturally remote from other Centres and where long journeys to Hospitals are inevitable at the present. The Community Hospital would provide back-up facilities for the acute services provided in Carlisle and would enable the Carlisle Hospitals to discharge patients earlier for continuing care within the Community Hospital.

The officers of the County Council have appreciated a co-operative and helpful atmosphere in which the discussions with the officials of the Newcastle Regional Hospital Board have been conducted.

Further programmes of the Health Centres for Milnthorpe, Ambleside and Kendal were also considered and it is expected that these will become the responsibility of the new Area Health Authority in 1974.

Health Centres will undoubtedly provide a key for part of community services in the future and Westmorland County Council has every reason to be proud of the programme which it is to hand over to the new Area Health Authority. After initial hesitations by Medical Practitioners in the 1950's, more and more Family Doctors throughout the country are accepting Health Centres, as providing a wider range of facilities for their patients. All members of the Family Health Care Team of Nurses, Speech Therapists, Chiropodists, School Medical Officers, Social Workers and others can link to the Family Doctor as a pivot on which many community services turn.

Ambulance Service

Considerable progress has been made during the year on the upgrading of the Ambulance Service. An intensive programme of re-equipment of the ambulances has been carried out throughout the county. All the ambulances are now equipped up to the standard required by the Department of Health in 1968 and training programmes were implemented to enable ambulance personnel to use the new techniques required. Not only were the basic requirements for the Department of Health recommendations met, but plans were laid to go beyond these requirements, thus providing probably the best equipped Ambulance Service in the North West. Considerable skill is now required of modern ambulance personnel and it is rare that a day goes by without the service dealing with a life saving situation - "Your life is in their hands".

Problems of providing a full-time professional service in areas remote from centres of population have not been entirely resolved. At the present time, agency services continue to operate at Tebay and Ambleside and to those who man these services, the local communities and emergency services owe considerable debts of gratitude. The opening of Brough Ambulance Station in 1971 has produced new problems in balancing a service for a more remote part of the county with full occupation of a manned station. As stated at the beginning of the report, this is one of the problems of a scattered rural community which has to date been accepted by the County Council. It is hoped that these services will be developed by the new Area Health Authority.

The 24-hour manning of Kendal Ambulance Station was discussed for implementation in 1973 and the station will fall into line with that of other main centres throughout the country in providing manning of the station between the hours of midnight and 8.0 a.m. This is not a cheap exercise but will provide a service of value to the community in avoiding unnecessary delays and allowing the ambulance personnel adequate rest between their rota duties.

Nursing Service

Recommendations of the Mayston Report on management in community nursing services was finally implemented on October 1st 1972 with the appointment of a Director of Nursing Services and a Nursing Officer for North Westmorland. A further Nursing Officer for Southern Westmorland was to be provided in the early part of 1973. As community nursing becomes more complex in its scope, the provision of Nursing Officers is essential in order to get the detailed co-operation of Field Workers in the Liaison with General Practitioners and Hospitals.

A detailed study in co-operation with Lancaster University Operational Studies Research Department was carried out throughout most of the year. The objective of the study was to find out how Nurses might be attached to General Practitioners in a scattered rural area without excessive increase of resources. This study, which is unique of its kind, was financed by the Department of Health and The University, as a result, other pilot studies are taking place throughout the country. In other areas there has been wholesale attachment of Nurses to General Practices without consideration of what this means in terms of travelling time and expense but the study of the University enabled us to monitor closely the effects of attachment in the north of the county and to ensure that this came within the budgetry limits set for the year.

The Community Nurse is the key figure in the provision of services for the elderly and handicapped. It is departmental policy that much more care should be done in the future in many fields in the community and this means close liaison with the Social Services Department. Although this is a high ideal, at the same time it has to be balanced with the fact that an elderly confused relative can play havoc with domestic peace and no amount of support work with social workers, home helps and community nurses can alleviate this trying experience. Night-sitting services are not provided as a routine except for seriously ill patients. It is often during the night that relatives feel

the greatest strain. Over-enthusiastic emphasis on community services can result in relatives being made to feel guilty because they cannot cope any longer with an older person. On the other hand, failure to give full community support from all the services can result in much unnecessary unhappiness by the early admission of a patient into residential-type care.

A full report of the Nursing Services will be found on page 24.

Services for the Elderly

Preventive medicine has an important part to play in the care of the elderly. Many disabling conditions which result from ageing could be alleviated and cured if detected early enough. The most important of these are conditions of the feet. If an elderly patient becomes immobile because of painful feet, not only are joints liable to stiffen, but the resulting immobility could lead to pneumonias and confinement to bed. Social contact could also be a valuable preventive measure in enabling the elderly person to maintain active links with the outside world. It is easy for many to think that the ideal situation is for elderly people to dream in a chair but this can easily lead to depression and the resulting confusion of old age. A few years ago, an experiment was started in a neighbouring authority (Morecambe) where elderly people could take an active part in educational facilities and many took up the learning of foreign languages. This experiment has had great success and may point the way to future developments in the area. There is little doubt that an active post-retirement period is not only something to be looked forward to but also the best means of prolonging a useful life.

The Chiropody Service continues to have many demands made on it. At the present growth rate a new full-time Chiropodist or equivalent would be needed every two years. The service is free and only one other neighbouring authority provides a similar facility.

Discussions continued about opening a Preventive Clinic for the Elderly in 1973. This interesting possibility has been explored in other areas and it is hoped that all the services will co-operate in giving a trial run to the Clinic. It is accepted that children are examined at regular intervals to detect early disabling conditions and, in modern medicine, the necessity for this has become more infrequent in the school child, although of increasing importance in the pre-school child. In the same way, it should be possible to regularly examine elderly people to detect early disabling conditions and this new facility could be a valuable contribution in South East Cumbria which has the highest proportion of elderly in the whole of the new County.

Population Structure of Cumbria
Population of certain Groups in District as a % of that District

Group	Cumbria	DISTRICT			
		South East Cumbria	East Cumbria	West Cumbria	South West Cumbria
Annual Births	1.5%	1.39%	1.55%	1.53%	1.54%
0 - 5	8.2%	7.5%	8.15%	8.37%	8.37%
School Population	17.9%	16.14%	17.28%	19.26%	17.97%
Elderly (66+)	13.9%	16.46%	13.94%	12.01%	14.81%

South East Cumbria includes the populations of:
Kendal M.B.
Lakes U.D.
Windermere U.D.
South Westmorland R.D.
Sedbergh R.D.

It can be seen from the above figures that, although Westmorland has a special problem in Cumbria, there is not the same concentration of retired people as there are in certain parts of the south coast of England which has been termed the 'Costa Geriatrica'. Retirement to rural or seaside places can, without preparation, turn into a rude awakening from a lifetime's dream. An occasional holiday in mid-summer is a particularly dangerous criteria on which to base a retirement. It needs time, not only to settle down from the actual retirement, but also time to put new roots down in places which may take on a different hue during the winter months. Outward migration of young people can also lead to difficulties in rebalancing the population. The growth in the elderly population over the last 40 years is very striking in Westmorland and reflects a whole change in social patterns and local employment opportunities.

Unfortunately, the National norms used by the planners in the Department of Environment and the Department of Health are not sufficiently sensitive to local variations to provide central funding for extraordinary local needs. Additional inducements to professional workers may be required as well as special aid with capital programmes. This is especially true of hospital development programmes. The new larger Local Government Units will need careful consideration to be given to separate smaller areas within their boundaries to cope with specialised needs.

Help for Children with Hearing Difficulties

Provision for the diagnosis and treatment of children with hearing defects has improved considerably in the county during the year. The Peripatetic Teacher of Children with Hearing Disorders was appointed on 4th September 1972 and, together with the Audiology Technician, has provided a considerable improvement in the services for the children in the area. It has enabled children who would normally have required education away from home to be maintained within the area and within normal schools. Early diagnosis of hearing disorders is of vital importance if the child is to develop language properly. Unless the child hears speech before the age of two years, then his development and education may be permanently impaired. It is regrettable that, in the past, children with hearing disorders may have found themselves labelled as retarded. Considerable advances have been made for diagnosis of hearing disorders and routine screening is now carried out in the following ages:

6 to 8 months	Screening by the Health Visitor in the home or Clinic.
School Entrance	Screening School Entrants by Audiology Technician and Peripatetic Teacher.

The Peripatetic Teacher's sphere of activity has included the pre-school child where early diagnosis is of importance. A survey was started during the year using a new piece of equipment - the Impedance Audiometer. This will measure fluid in the middle-ear which is often the result of unresolved infection. As a cause of deafness in the immediate pre-school and school entry periods, it is important and, unfortunately, the older methods of testing may well have missed many cases. These children may not be permanently deaf but may suffer from periodic attacks of deafness which are inclined to be passed off as day-dreaming or dullness. A few with fluid in the middle ear may become permanently deaf due to the formation and development of other serious ear conditions. This survey has indicated that impedance audiometry could be of great importance and the Department of Health have indicated their great interest in the project and of its continuance in the area.

The Administrative Changes in the National Health Service

Reorganisation and change are not readily accepted by many people and fears are expressed that one service will take over another, so that community and preventive services will not maintain their prestige alongside the strident demands of exciting clinical developments. There is ground, however, for cautious optimism that many services may benefit by the integration. There will inevitably be a difficult transitional period when people will take up stances and attitudes due to feeling threatened. It will need considerable skill to overcome these barriers and the full benefits of integration may not be seen for some years. In the meantime, however, professional workers need to be reminded that the Health Services are essentially concerned with people and patients and if, at any stage the services suffer, because of hardening attitudes, then there will be no integration but only disintegration.

Mr. Chairman, Ladies and Gentlemen, it is likely that this will be the last Annual Report which the County Medical Officer presents to the County Council and, from the historical notes included in this report, this will mean the end of a tradition and a legal requirement which has existed for at least 80 years. I would like to thank the members of the Health Committee and County Council for their continued support and for the staff who have made considerable advance in services possible during the last 12 months. It has been an optimistic and forward-looking year, which has been a great source of pleasure to me and to others working in the service. It is to be hoped that this will continue in the future into the new Service. As far as Westmorland is concerned, the Health Services are not going out with a whimper - but with a bang!

I am,
Mr. Chairman, Ladies and Gentlemen,
Your obedient servant,

H. P. FERRER,

County Medical Officer.

POPULATION

STRUCTURE PERCENTAGE OF AGE GROUPS

	1931	1966	1972
All Ages	65,408	69,680	72,835
0 - 4	7.1%	7.1%	7.3%
5 - 14	15.0%	14.2%	14.6%
* 65+	9.5%	15.0%	16.4%

* The proportion of elderly persons in the population has nearly doubled in 40 years, but the proportion of children has remained very much the same.

1971 CENSUS

PERCENTAGE OF PERSONS OF 65+ YEARS (MALE AND FEMALE) IN EACH AREA

Westmorland	16.4%
Kendal	15.0%
Appleby and North Westmorland ..	14.8%
Windermere and Lakes	19.0%
South Westmorland	17.5%

PERCENTAGE OF TOTAL POPULATION OF WESTMORLAND AGE 65+ YEARS

Kendal	4.45%
Windermere and Lakes	3.65%
Appleby and North Westmorland ..	3.41%
South Westmorland	4.96%

OTHER RETIREMENT AREAS FOR COMPARISON

PERCENTAGE OF POPULATION OVER 65 YEARS (MALE AND FEMALE) 1971 CENSUS

Hampshire Admin. County	14.2%
Bournemouth C.B.	25.3%
East Sussex Admin. County ..	22.3%
Eastbourne C.B.	28.4%
(ENGLAND and WALES)..	13.0%

HISTORICAL NOTES RE MEDICAL OFFICERS OF HEALTH

WESTMORLAND AREA

Earliest County Council Minutes (from 1889) reveal that the various sanitary authorities of Westmorland combined to appoint joint M.O.H. (except for Kirkby Lonsdale U.D.C. which had its own). County Council agreed with Local Sanitary Authorities to use their joint M.O.H. for County duties if necessary.

1890

Dr. Craven first mentioned as the M.O.H. for combined authorities, submitting reports annually to County Council.

1901

Council was reminded that under 1888 Local Government Act, they could appoint County M.O.H. - no action taken - carried on using combined sanitary authorities' M.O.H. Dr. Craven.

1908

School Medical Officer - appointed by joint committee for County and Kendal Borough - Dr. Henderson - set County thinking about appointing own County M.O.H. - eventually done 1911, when Dr. Henderson took that post as well. He appears to have issued his first annual report for the county in 1913. From the 4th annual report (for 1914) onwards a copy has always been bound in with the County Council Minutes. Dr. Henderson had already been appointed School Medical Officer in 1908 (under Education Act 1907) and issued his first annual report, bound in with County Education Committee minutes in 1908. From 1915 onwards the School Medical Officer's report was not printed and bound in as before, but a typed copy was made available to committee members.

Dr. Craven carried on as combined sanitary authorities' M.O.H. submitting reports to Dr. Henderson.

1914/15

Dr. Craven vanishes from minutes and Dr. Baron Cockill appears in his place and remains as combined authorities' M.O.H. until 1939/40 when new scheme inaugurated.

County M.O.H. Dr. Henderson to have a deputy who would also act as combined District's M.O.H.

1940

Dr. W. Alcock appointed, County Medical Officer.

1942

Dr. Alcock moved to Burton-on-Trent and Dr. J. Wright and Dr. J.F. Dow acted as Joint County Medical Officers.

1946 May

Dr. John A. Guy was appointed County M.O.H. on resignation of Dr. Wright and Dr. Dow.

October, Dr. Cockill, District M.O.H. resigned after 32 years' continuous service.

1970 December

Dr. John A. Guy retired.

1971 January

Dr. H.P. Ferrer was appointed County Medical Officer.

The above information kindly supplied by the County Archivist.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY IN 1972

Name	Qualifications	Office	Whole or Pt.Time	Other Offices
H.P. Ferrer	M.B.,Ch.B.,Ed.,D.P.H. (Distinc).M.F.C.M.	County Medical Officer	Whole	Principal School Medical Officer
A. Hazelden	M.B.,B.S.	Deputy County Medical Officer	Whole	Deputy Principal School Medical Officer
R.Douglas Young	M.D.,M.R.C.P.	Tuberculosis Officer	Part	Consultant Chest Physician
J.C. Southern	M.B.,Ch.B.,M.R.C.P.	Tuberculosis Officer	Part	Consultant Chest Physician
M.D. McGarry	L.D.S.	Principal Dental Officer	Whole	Principal School Dental Officer
J.B. Millar	B.D.S.,L.D.S.	Senior Dental Officer	Whole	School Dental Officer
K.S. Nunn	B.D.S.	Dental Officer	Whole	School Dental Officer
Miss C.D. Evans	B.D.S.	Dental Officer	Whole	School Dental Officer
Miss E. Nicoll	S.R.N.,S.C.M.,H.V.Cert	Director of Nursing Services	Whole	—
E. Bland	M.Ch.S.,S.R.Ch.,F.R.S.H.	Chief Chiropodist	Whole	—
H.F. Wade	L.Ch.,S.R.Ch.	Senior Chiropodist	Whole	—
Mrs. H. Booth (Commenced 10.4.72)	M.Ch.S.,S.R.C.H.	Senior Chiropodist	Whole	—

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area (in acres, land and inland water)	504,917
Population (Registrar-General's estimate of resident population, mid-1972)	72,310
Total Rateable Value as on 1st April, 1972	£2,844,120
Estimated product of a Penny Rate (General County) for the financial year 1972/73	£27,740

VITAL STATISTICS

The Department of Health and Social Security have asked that certain vital statistics relating to mothers and infants should be included in the Report in the following form and detail; those for 1971 are also shown for comparative purposes.

	1971	1972
Live Births		
Number	978	915
Rate per 1000 population	15.5	12.7
Illegitimate Live Births (per cent of total Live Births)	7	6
Stillbirths		
Number	12	9
Rate per 1000 total live and stillbirths	12	10
Infant Deaths (deaths under one year)	14	12
Infant Mortality Rates		
Total Infant Deaths per 1000 live births	14	13
Legitimate infant deaths per 1000 legitimate live births	14	14
Illegitimate infant deaths per 1000 illegitimate live births	14	-
Neonatal Mortality Rate		
Deaths under four weeks per 1000 total live births	10	12
Early Neonatal Mortality Rate		
Deaths under one week per 1000 total live births ...	9	11
Perinatal Mortality Rate		
Stillbirths and deaths under one week combined per per 1000 total live and stillbirths	21	21
Maternal Mortality (including abortion)		
Number of deaths	-	-
Rate per 1000 total live and stillbirths	-	-

POPULATION

DISTRICT	Area in Acres (Land and Inland Water)	Population
		Registrar General's estimate Mid. - 1972
URBAN		
Appleby	1,877	2,020
Lakes	49,917	5,050
Kendal	3,705	21,830
Windermere	9,723	7,680
RURAL		
North Westmorland	288,688	14,470
South Westmorland	151,007	21,260
WESTMORLAND	504,917	72,310

BIRTH RATE

Birth Rate per 1,000 estimated resident population.

District	1970	1971	1972
URBAN			
Appleby	15.8	14.9	15.6
Kendal	20.1	17.4	14.1
Lakes	10.1	10.1	9.0
Windermere	16.9	14.3	13.1
RURAL			
North Westmorland	16.2	15.6	15.7
South Westmorland	13.8	15.1	15.0
WESTMORLAND	16.3	15.5	14.2
ENGLAND & WALES	16.0	16.0	14.8

The Birth Rates in the Table above are calculated using the comparability factor supplied for the purpose by the Registrar General.

Live Births registered in the last five years were as follows:-

Year	1968	1969	1970	1971	1972
Number of births	1,105	1,072	1,036	978	915

DEATH RATE

Death Rate per 1,000 estimated population

District	1970	1971	1972
URBAN			
Appleby	12.4	12.6	12.6
Kendal	11.5	11.3	10.4
Lakes	9.3	7.6	9.4
Windermere	8.2	8.4	10.7
RURAL			
North Westmorland	12.9	12.1	12.8
South Westmorland	9.9	10.4	10.0
WESTMORLAND	10.5	10.4	10.7
ENGLAND AND WALES	11.7	11.6	12.1

The Death Rates in this Table are calculated using the comparability factor provided for the purpose by the Registrar-General.

The chief causes of death in Westmorland in 1970 and 1971 in order of maximum fatality in 1972 were as follows:

	1970	1971	1972
Heart Disease	336	315	354
Cancer	175	160	173
Cerebral Haemorrhage	128	168	149
Pneumonia	52	58	44
Violence (including accident)	57	31	40
Other Circulatory Diseases	34	40	30
Bronchitis	45	28	26

MATERNITY AND CHILD WELFARE
INFANTILE MORTALITY (under 1 year)

Rate per 1,000 Live Births

District	1970	1971	1972
URBAN			
Appleby	-	-	-
Kendal	16	11	7
Lakes	20	41	45
Windermere	31	-	12
RURAL			
North Westmorland	13	24	10
South Westmorland	17	11	20
WESTMORLAND	16	14	13
ENGLAND AND WALES	18	18	17

Causes of death during 1972 in Infants under 1 year of age:

Prematurity	4
Fallot's tetralogy	1
Spina Bifida	1
Broncho Pneumonia	1
Respiratory distress syndrome	1
Intra uterine asphyxia	1
Ayncope and Abnoea	1
Atelactasis	1
Congenital Heart Disease	1
	12

REPORT OF DIRECTOR OF NURSING SERVICES

Throughout 1972, one of the main features of the Health Department has been the preparation for the Reorganisation of the National Health Service with increased opportunities for closer co-operation and collaboration with other Departments responsible for the care of health and welfare of the people of Westmorland.

The Nursing Staff have had opportunities to go on integration courses which have helped give information of changes which will take place and to give greater understanding of each other. Other refresher courses have also taken place including midwifery.

School Health Service

The work of Health Visitors in schools continues to be a very important part of the watchfulness kept upon the health of the school child with close liaison with other departments to ensure a good School Nursing Service for earlier detection of the child with special needs.

Group Attachment

Attachment of Health Visitors and Nurses to group and single medical practices, which commenced in North Westmorland in the latter part of 1972, is already showing signs of benefit to all involved; the ultimate benefit of course to the patient. When extended to South Westmorland, as envisaged in 1973, we shall see larger group practices and teams of staff working together which, from experience in other parts of the country, shows that, given time and good will, gives even greater benefits to the team and especially to the patient.

Health Education

Following on from Group attachment, never have there been such opportunities for Health Education for the prevention of illness either individually or in groups, for, to use an old phrase, "Prevention is far better than cure" for all concerned. Unfortunately, we cannot count for statistical purposes the number of illnesses or accidents prevented; we can only guess that numbers would be higher if we did not advise members of families on health matters. We trust we shall see more emphasis on screening of people for illness in its early stages, for who has greater opportunity than the team in medical practice, i.e. Nurses and Health Visitors to act as eyes and ears for the General Practitioner?

Meanwhile our staff continue to give talks to groups of people on all matters concerning health, as yet, without an officer for health education, but this may be remedied later.

Health Centre

In Westmorland, we are in the fortunate position of having a Health Centre which was opened the latter part of 1972. With the General Practitioners and Nursing staff working on the premises, it is showing benefits at all levels.

For the nursing staff who work with the General Practitioners, the Health Visitors who assist with Health Education, the Nursing Officer who has a base and the staff who meet there for meetings, it has already shown its value.

The General Practitioner is no longer working alone but has a team of staff and a receptionist to assist.

The value of a Health Centre can be assessed by the work that is done there and this is increasing greatly.

Midwifery

Domiciliary midwifery in Westmorland continues to be low as most births are in hospital, only 22 being delivered in their own homes in 1972.

Domiciliary midwives assist with home inspections and, in some cases, with ante-natal surgeries.

After the confinement, in many cases at 48 hours, the mother and child return to their own home for nursing, the midwife on district taking the responsibility for the nursing with their colleagues, the General Practitioners. 873 cases were discharged and attended by Domiciliary Midwives before the tenth day.

Health Visiting

23,952 visits were made by Health Visitors during 1972 of which 9,375 were visits to the child under 5 years of age, this being a vital part of their varied work. They also visited the elderly, paying 4,617 visits for the purpose of observation and Health Education.

School health inspections and medicals are part of their work. Health Visitors also work with the Department Medical Officer at Child Health Clinics, where the child (under 5 years of age) has developmental tests. This comes under the heading of early screening, bringing to notice any deviation from normal development. General Practitioners are then notified and treatment, if necessary and possible, can then be commenced. Some General Practitioners are carrying out their own developmental screening.

Home Nursing

A slight increase is noted in the visits of the District Nurses and Auxiliaries over last year and some of this increase is due to visits to those over 65 years of age, an increase which is bound to show to a greater extent in the future as people are living to a greater age and illness is often of longer duration. Many of these elderly folk are living alone and require more services from other departments, so the District Nurse must be knowledgeable of all services. Many of the staff have taken District Nurse training.

In 1974, with Reorganisation of the National Health Service and many more patients being treated and nursed in their own homes, District Nurses and Auxiliaries will find themselves very valuable members of the team.

Hospital Liaison

In the latter part of 1972, a District Nursing Sister was appointed Hospital Liaison Officer - a very valuable appointment with 1974 in view. Greater integration can take place if we have communication and the work being done by the Hospital Liaison Officer is already showing results. Patients returning to their own homes find the way smoothed as District Nurses are already informed of their arrival and are prepared to start treatment immediately.

Many of the hospital staff have visited patients "on district" with the District Nurses helping them to appreciate the home atmosphere and background. It is envisaged that District staff will enter hospital at some future date for short periods to refresh them on changing techniques.

V. L. TURNER,

Director of Nursing Services.

IMMUNISATION

Since the Council submitted its original Proposals for providing vaccination against smallpox and immunisation against diphtheria, to take effect from the appointed day (4th July, 1948) for the National Health Service Act, 1946, a number of changes have been made possible by advances in immunology. The Secretary of State for the Department of Health and Social Security is advised on this subject by a Joint Committee on Vaccination and Immunisation, consisting of experts on the subject and as a result of that Committee's recommendations, the following extensions to this branch of the service have been made:-

1949 B.C.G. vaccination of contacts with Tuberculosis.

1950 Immunisation against whooping cough.

1954 B.C.G. Vaccination against Tuberculosis of children between 13th and 14th birthdays.

1956 Vaccination against Poliomyelitis.

1959 Immunisation against Tetanus.

1967 Vaccination against Anthrax of persons in trades involving risk.

1968 Vaccination against Measles.

1970 Vaccination against Rubella (German Measles) - girls only - 11 to 13 years old.

There is general agreement that immunisation should not commence before the child reaches 6 months of age, as in younger infants the antibody-forming system is not fully developed. The recommended intervals between doses are now longer than was customary in the past, and it is no longer felt inadvisable to give poliomyelitis vaccine at the same time as diphtheria/whooping cough/tetanus vaccine.

Revised Scheme of Inoculations for Infants and Children

(1)	6 months	Diphtheria, Tetanus, Whooping Cough (Triple) Poliomyelitis (Oral).	
(2)	8 months	Triple - second dose. Poliomyelitis - second dose.	*
(3)	14 months	Triple - third dose. Poliomyelitis - third dose.	+
(4)	15 months	Measles Immunisation.	
(5)	5 years or School Entrance. (includes Nursery School)	Diphtheria and Tetanus Booster. Poliomyelitis (Oral) Booster.	
(6)	11 years	Rubella (against German Measles) Girls only.	
(7)	12 years	B.C.G. (against Tuberculosis)	
(8)	15 years (or School Leavers)	Poliomyelitis (Oral) Tetanus.	

* Re-start schedule if more than 8 weeks has lapsed since first dose.

\+ A lapse of up to 12 months may be allowed after the second dose, before giving third dose. After this time the schedule should be re-started.

PERCENTAGE OF CHILDREN IMMUNISED

The figures given show a disappointingly low percentage of children in Westmorland receiving adequate protection. This will need urgent attention and an intensification of effort.

	Children born 1970 and immunised by 31.12.1972.		
	Whooping-Cough	Diphtheria	Poliomyelitis
	(1)	(2)	(3)
England and Wales	79	81	80
Westmorland	64	64	76

Appendices A and B show, in the form submitted to the Department of Health and Social Security, details of the work done during 1972 whilst the above Table, showing the percentages of children immunised against various diseases in Westmorland, together with comparable national figures, has been supplied by the Department.

SMALLPOX VACCINATION

Smallpox vaccination, on the advice of the Department of Health and Social Security, is now discontinued as a routine procedure in early childhood. It is only recommended for those travelling abroad and for immediate contacts in an outbreak. The advice of the Department has proved controversial and there are still those who are concerned that the level of community immunity may fall dangerously low. This could be serious in the face of epidemics which are likely to increase because of rapid international travel.

APPENDIX A

TUBERCULIN TEST AND B.C.G. VACCINATION

Year Ended 31st December, 1972

Number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act.

A. CONTACTS

(i)	No. skin tested	85	
(ii)	No. found positive ..	23	
(iii)	No. found negative.. ..	62	
(iv)	No. vaccinated	73	(this includes infants vaccinated without previous testing)

B. SCHOOL CHILDREN AND STUDENTS

(i)	No. skin tested	855
(ii)	No. found positive ..	13
(iii)	No. found negative ..	776
(iv)	No. vaccinated	776

APPENDIX B

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1972

Table 1 - Completed Primary Courses - number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1972	1971	1970	1969	1965-68		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	44	336	89	15	20	16	520
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	-	7	-	1	9	16	33
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	1	2	2	2	5	30	42
8. Salk	-	-	-	-	-	-	-
9. Sabin	37	452	95	17	32	26	659
10. Measles	12	274	206	65	48	8	613
11. Rubella	-	-	-	-	-	822	822
12. Lines 1+2+3+4+5 (Diphtheria)	44	343	89	16	29	32	553
13. Lines 1+2+3+6 (Whooping Cough)	44	336	89	15	20	16	520
14. Lines 1+2+4+7 (Tetanus)	45	345	91	18	34	62	595
15. Lines 1+8+9 (Poliomyelitis)	37	452	95	17	32	26	659

Table 2 - Reinforcing Doses - number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1972	1971	1970	1969	1965-68		
1. Quadruple DTPP	-	-	-	-	-	-	-
2. Triple DTP	-	19	14	2	71	5	111
3. Diphtheria/Pertussis	-	-	-	-	-	-	-
4. Diphtheria/Tetanus	3	41	33	14	792	88	971
5. Diphtheria	-	-	-	-	-	-	-
6. Pertussis	-	-	-	-	-	-	-
7. Tetanus	16	3	6	12	50	285	372
8. Salk	-	-	-	-	-	-	-
9. Sabin	-	54	49	16	788	106	1013
10. Lines 1+2+3+4+5 (Diphtheria)	3	60	47	16	863	93	1082
11. Lines 1+2+3+6 (Whooping cough)	-	19	14	2	71	5	111
12. Lines 1+2+4+7 (Tetanus)	19	63	53	28	913	378	1454
13. Lines 1+8+9 (Poliomyelitis)	-	54	49	16	788	106	1013

CHILD HEALTH CLINICS

The Local Health Authority provides 17 Child Health Clinics, three of which are staffed by Health Visitors only, the remainder being attended by Local Health Authority Medical Officers. The clinics range in frequency from once weekly to once per month; Kendal and Appleby operate weekly, whilst four others operate fortnightly. The Local Health Authority provides no specialist's clinics; there are however ophthalmic, orthopaedic, paediatric and ear, nose and throat clinics run by the Regional Hospital Board to which mothers and children can have access.

In addition to the arrangements outlined on the following pages for the distribution of Welfare Foods, the Local Health Authority has also made other dried milks and nutrients available at the Kendal Infant Welfare Centre, which acts as a mother centre to all the other clinics.

An additional Clinic has been opened at Arnside and further discussions are continuing about a Clinic at Holme.

Details of Child Health Clinics in operation at the end of the year are given below:-

Area	Centre held at	Frequency of Sessions
Ambleside	British Legion Room	Monthly
Appleby	Health Centre, Low Wiend.. ...	Weekly
Arnside	Education Institute	Fortnightly
Askham	Village Hall	Monthly
Bampton	Memorial Hall	Monthly
Bowness-on-Windermere	Rayrigg Room	(ceased July 1972)
Brough	Methodist Sunday School ...	Monthly
Burneside	Bryce Institute	Monthly
Endmoor	Working Men's Club	Monthly
Kendal	Health Services Clinic	Weekly
Kirkby Lonsdale ...	Institute Hall	Monthly
Kirkby Stephen ...	Youth Centre	Fortnightly
Kirkby Thore	The Rectory	Monthly
Milnthorpe	Community College	Fortnightly
Shap	Methodist Chapel Hall	Monthly
Staveley	Working Men's Institute ...	Monthly
Tebay	Methodist Chapel Hall	Monthly
Windermere	St. John Ambulance Rooms ...	Fortnightly

Once again thanks are due to the local branches of the British Red Cross Society, the St. John Organisation and all other voluntary workers, for their assistance in the running of the Centres.

Attendance at Clinics

	1970	1971	1972
Under 1 year	2,659	2,778	3,040
Over 1 year	6,625	6,077	5,112
Average per session	32.3	30.4	27.8

New Functions of Child Health Clinics

It was suggested in 1968 that Child Welfare Clinics should be renamed Child Health Clinics and that the emphasis should be placed in the Clinics on the early diagnosis and assessment of mental and physical handicaps. This is a radical change in the function of the Clinics and it operates in close liaison with other services. These functions have continued to develop and great interest has been shown in them.

DISTRIBUTION OF WELFARE FOODS

The Council is responsible for the distribution to expectant and nursing mothers and children under 5 years, of Welfare Foods, previously a function of the local offices of the Ministry of Food.

A main centre for this work was established at the Kendal Clinic and other subsidiary centres throughout the county; some at welfare centres, others at the homes of District Nurses, others run by the various voluntary associations and others by local shopkeepers. To all who have taken a hand in this work, the thanks of the authority and of the mothers are due.

The annual distribution figures for Welfare Foods during the preceeding three years and for the first full year in which the Local Health Authority became responsible for distribution are given in the following table:-

Year	National Dried Milk Tins	Cod Liver Oil Bottles	Vitamin Tablets Packets	Orange Juice Bottles	Vitamin A,D & C Drops
1955	34,430	8,858	3,089	38,822	-
1969	5,963	766	1,100	16,214	-
1970	4,381	764	1,241	16,694	-
1971	2,837	395	883	16,057	872
The quantities distributed during 1972 were:					
	2,526	47	621	1,779	1,696

Under the Welfare Foods Order 1971, provision of cheap milk ceased, but entitlement to free milk and foods was extended. Supplies of Cod Liver Oil and Orange Juice were discontinued from 30th April and 31st December 1971 respectively and replaced by new vitamin A, D & C Drops and Tablets.

In addition to the commodities referred to above, a fairly wide selection of proprietary infant foods and vitamin supplements is available at the Kendal Clinic for purchase at favourable rates. Foods to the value of £1,818 were sold during the 1972/73 financial year.

It is however becoming difficult to compete with commercial interests in provision of Proprietory Foods and this provision may need reviewing by 1974.

CHIROPODY

At the end of April, 1960, the approval of the Ministry was received to the Council's proposals to provide a Chiropody Service.

The Service has continued to be maintained, but difficulties continue due to the long waiting-list for elderly persons. Appropriate measures need to be taken to reduce the waiting time. The mobility of elderly persons remains of the utmost importance and, if pain is experienced on walking, it is only too easy for the elderly person to take the easy way out and reduce their mobility, which in turn leads to a whole lot of medical conditions, e.g. Venous stasis, increasing stiffness of joints, confinement to bed and hypostatic pneumonias. It is thus of importance that this service should be maintained and that a high standard of chiropody care should be given to residents of Homes for the Aged.

Number of persons treated:

(i)	Persons aged 65 and over	1,939
(ii)	Physically handicapped or otherwise disabled persons under age 65	37
(iii)	Expectant mothers	-
		1,976

Number of treatments given:

(i)	In clinics	4,769
(ii)	In patients' homes	2,636
(iii)	In old people's homes	815
(iv)	In chiropodists' surgeries ...	130
		8,350

CERVICAL CYTOLOGY

During 1972, 393 patients were examined; 378 were normal, 12 required treatment for non-malignant conditions, 3 submissions were technically unsatisfactory. No suspicious cases were reported.

Further consideration needs to be given to the organisation of this service as greater co-ordination is needed between the General Practitioners, Local Authority and Hospital Services, regarding which patients have been tested and which require re-testing. The numbers involved can hardly be considered to be satisfactory. Every effort is needed to bring this matter to the attention of the women most at risk i.e. those who have had several children and who may find it difficult to attend Clinics. This is one of the most important preventive measures in cancer which has become available to women in recent years and, if applied to the population most "at risk" there is little doubt that lives could be saved. Unfortunately it is often difficult to contact and gain the co-operation of many of the women most in need of the test.

A Mobile Campaign may be mounted in 1973 to bring this service to outlying areas.

UNMARRIED MOTHERS AND THEIR CHILDREN

The County Nursing Officer is responsible for investigating and advising these cases, but it should be noted that by no means all unmarried expectant mothers come to her notice; some are dealt with entirely by the Diocesan Moral Welfare Workers, whilst in other cases the girl's family are able, and willing, to make all necessary arrangements for the confinement and subsequent care of the baby.

	1971	1972
Births of unmarried Mothers notified	36	43
Confinements in:		
Mother's own home	-	2
Helme Chase Maternity Home	31	33
Penrith Maternity Home	-	-
City Maternity Hospital, Carlisle	2	1
Other addresses	3	7
Subsequent History:		
Mother keeping baby	32	27
Baby in care of grandparents	-	-
Baby died	-	-
Left district	2	2
To foster parents	1	7
Adopted	-	6
Parents now married	1	1

CARE OF PREMATURE INFANTS

The following Table gives details of premature infants born to Westmorland mothers during 1972:

Born in Hospital:	
Stillbirths	4
Live Births	31
Died within 24 hours of birth	2
Died between 1 and 7 days of birth ...	3
Survived 28 days	26
Born at Home or Nursing Home	
Stillbirths	-
Live Births nursed entirely at home or nursing home	-
Died within 24 hours of birth	-
Died between 1 and 7 days of birth ...	-
Survived 28 days	-
Live Births transferred to Hospital	-
Died within 24 hours of birth	-
Died between 1 and 7 days of birth ...	-
Survived 28 days	-

REGISTRATION OF NURSING HOMES

(Sections 187 to 194 of the Public Health Act, 1936)

There were 2 registered homes at the end of the year, providing beds for 48 patients. They have been inspected at regular intervals.

In August 1963, the Minister of Health made "The Conduct of Nursing Homes Regulations, 1963", which enable registration authorities to ensure that standards of accommodation, staffing, equipment and facilities generally are appropriate to the type of work done, and the kind of patients accommodated in the home. The Authority is also enabled to prescribe the number of patients (both in total and of any particular type) who may be kept in the home at any time.

These Regulations fill a long-felt need in the field of Nursing Homes Registration, as under the provisions of the Public Health Act, 1936, it was almost impossible to exert any form of control over a Nursing Home once it had been registered.

The condition at the homes was satisfactory.

DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

During 1972, 95 sessions were devoted to the treatment of mothers and young children. In addition the equivalent of 12 sessions was devoted to inspections, advice, discussions and talks with mothers attending baby clinics.

My thanks to the nursing staff for their continued help and co-operation in referring patients and for their Dental Health Education of the priority groups, by increasing their awareness where necessary of the advantages of regular dental attention.

Part A. Attendances and Treatment

Number of Visits for Treatment during year:

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	140	98
Subsequent Visits	136	182
Total Visits	276	280
Number of Additional Courses of Treatment other than the First Course commenced during the year	18	12
Treatment provided during the year - Number of Fillings	148	285
Teeth filled	134	266
Teeth extracted	32	27
General Anaesthetics given	8	1
Emergency Visits by Patients	16	1
Patients X-rayed	2	11
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	6	44
Teeth Otherwise Conserved	65	-
Teeth Root Filled	-	-
Inlays	-	-
Crowns	-	1
Number of Courses of treatment completed during the year	116	92

Part B. Prosthetics (Expectant and Nursing Mothers)

Patients supplied with F.U. or F.L. (First Time).. 2

Patients supplied with other Dentures 3

Number of Dentures supplied 9

Part C. Anaesthetics

General Anaesthetics administered by Dental Officers 9

Part D. Inspections

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of patients given first inspections during the year	A. 363	D. 111
Number of patients in A and D above who required treatment	B. 163	E. 103
Number of patients in B and E above who were offered treatment	C. 163	F. 102
Number of patients re-inspected during year	J. 54	K. 21

Part E. Sessions

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) devoted to Maternity and Child Welfare Patients:

For Treatment ... ... G. 95

For Health Education ... ... H. 10

M. D. McGARRY

MIDWIVES' ACT

Total number of Midwives practising at the end of the year	40
District Nurse Midwives	27
Midwives in Institutions:	
Helme Chase Maternity Home	13

Midwives' Notification Forms received during 1972 were as follows:-

Sending for Medical Aid	-
Stillbirth and death	6
Having laid out a dead body	-
Liability to be a source of infection	1

CARE OF BLIND PERSONS

Under the National Assistance Act, 1948, the County Council no longer has the power to give financial assistance to blind persons, but it is required to "make arrangements for promoting the welfare" not only of blind persons but also of the partially-sighted. Administrative responsibility for this work devolves upon the Council's Social Services Department, but the County Medical Officer is responsible for advising the Committee on "all matters relating to health or medical services arising in connection with the Council's functions under the Act . . . including, in particular, arrangements for the medical examination of applicants for registration as blind persons."

AMBULANCE SERVICE

Demands on the Ambulance Service continue to increase, long distances in the County making it increasingly difficult to maintain the essential emergency cover. It remains one of the most important County Council services, as it is a service that every day of the week throughout the year, provides emergency service and is unique in the sense that it deals with life or death situations.

Further consideration was given with regard to the continuing process of upgrading of the service. Particular attention was given to the necessity of manning Kendal Station from midnight to 8.0 a.m.

Equipment in each Ambulance Station was reviewed in the light of the Department of Health's recommendations and in view of the Department's concern that there should be uniformity practiced throughout the country, further training was given to personnel in the use of this equipment.

AMBULANCE SERVICE

1st January to 31st December 1972

STATION	AMBULANCES		NUMBER OF PATIENTS MOVED			Total number of journeys	Total number of Miles	Average miles per journey	Average miles per patient
	Manned	Spare	General	Emergency	Total				
Kendal	3	2	6,165	588	6,753	2,700	91,523	33.89	13.55
Brough	2	1	266	211	477	404	35,818	88.65	75.09
Tebay Agency	1	-	Nil	46	46	22	751	34.13	16.32
Ambleside Agency	1	-	137	120	257	226	8,467	37.46	22.94
TOTAL	7	3	6,568	965	7,533	3,352	136,559	40.74	18.13
1971	6	2	5,481	930	6,411	4,534	131,454	28.99	20.50
1970	6	2	4,293	732	5,025	4,064	116,672	28.71	23.21

TUBERCULOSIS

The Tuberculosis work in the County is now divided between the Manchester and Newcastle upon Tyne Regional Hospital Boards, the former being responsible for Kendal Borough, Windermere Urban District, Lakes Urban District and South Westmorland Rural District, whilst the latter is responsible for Appleby Borough and North Westmorland Rural District.

The co-ordination of the prevention and treatment aspects of the tuberculosis problem is secured through the arrangements made by the Local Health Authority under which the Consultant Chest Physicians employed by the Manchester and Newcastle upon Tyne Regional Hospital Boards act as the Council's Tuberculosis Officers for the parts of the County falling under their jurisdiction for diagnostic and treatment purposes. The Chest Physicians give general directions to the work of the Tuberculosis Visitors.

Since 1949 B.C.G. vaccination has been available under arrangements with, and on the advice of, the Chest Physicians to contacts who appeared susceptible to the disease, and during 1972, 85 contacts were tested, of whom 23 were found positive. 73 contacts were vaccinated. This latter figure includes a number of newborn infants vaccinated.

Since the spring of 1955, B.C.G. Vaccination has been available to school children between their thirteenth and fourteenth birthdays in accordance with the suggestions of Ministry of Health Circular 22/53, and from May 1959 this was extended to all young persons in attendance at schools or other educational establishments. The age range has now been broadened to ten to thirteen years; in Westmorland the age chosen for routine vaccination is twelve years.

The following Table gives details of the work done under the scheme during 1972:

Number Skin Tested	Found Positive	Vaccinated
855	13	776

A feature of this work is the fall in the number of children showing a positive reaction to the test since the commencement of the scheme, as shown in the following Table:

Year	Percentage of children found positive
1955	34.0
1970	1.5
1971	1.7
1972	1.5

TUBERCULOSIS

In the following table are the figures for notifications of and death from Tuberculosis in 1972:-

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	3	-	-	-	-	-	-	-
15	1	-	-	-	-	-	-	-
25	-	1	-	1	-	-	-	-
35	1	-	-	-	-	-	-	-
45	-	-	1	-	-	-	-	-
55	1	-	-	1	-	-	-	-
65	1	-	-	-	-	1	-	-
1972 TOTAL	7	1	1	2	-	1	-	-
1971	5	4	-	1	2	1	-	-

TUBERCULOSIS AND OTHER CHEST DISEASES NORTH WESTMORLAND

There was again a fall in the total number of attendances at the Chest Centre in 1972, from 7090 in 1971 to 5698. New cases increased from 1195 in 1971 to 1300 in 1972.

A further fall in total attendances is likely to be seen in 1973 because of changes in staffing and organisation. Following the retirement of Dr. Sargant on 22nd December 1972, no senior staff appointment was made by the Regional Hospital Board, so that for the six weeks period of leave and any absences due to illness, there will be no Consultant or S.H.M.O. working at the Chest Centre. This may seem a less than ideal arrangement but it is one which already pertains in West Cumberland.

Partly as a consequence of the reduced level of staffing a decision was also taken to transfer the responsibility for the Mass X-ray Unit from the Chest Physician to the senior Radiologist. Although this is contrary to accepted practice throughout the country its manifest drawbacks are partly offset by some reduction in the load on the chest centre and the provision of holiday and sickness cover.

Tuberculosis

Table 1 shows the numbers of cases on the Tuberculosis Registers as on 31.12.72.

Table 1

	East Cumberland	Carlisle City	North Westmorland
Respiratory	104	136	10
Non-respiratory	10	22	1
Total	114	158	11

During the year 18 cases were removed from the Registers, 11 through death; only one of these had active disease at the time of death.

Table 2 shows the number of new cases diagnosed during the year.

Table 2

Year	East Cumberland	Carlisle City	North Westmorland
1967	23	13	2
1968	6	12	1
1969	10	12	1
1970	16	32	1
1971	8	15	1
1972	10	17	-

Table 3 shows the number of beds available specifically for the treatment of respiratory disease. Owing to easier availability of beds in local Authority accommodation and a gradual reduction in the number of chronic respiratory invalids, the beds at Longtown have not been so fully utilised.

Table 3

Hospital	Beds available	No.discharged in 1972	No.discharged in 1971
Ward 18, Cumberland Infirmary	13	222	230
Longtown Hospital	26	67	86

It will be seen that the position as regards tuberculosis remains static in this area.

Examination of Contacts

A total of 757 new contacts were examined in 1972 compared to 1271 in 1971; three new cases of active tuberculosis were discovered as a result. There was only one case of a tuberculin positive child requiring prophylactic chemotherapy.

All Mantoux negative contacts were offered B.C.G. vaccination. Table 4 shows the number of B.C.G. vaccinations performed during 1972.

Table 4

	1971	1972
East Cumberland	59	28
Carlisle City	89	40
North Westmorland	10	2

The x-ray examination of tuberculin positive school children again revealed no cases of active tuberculosis.

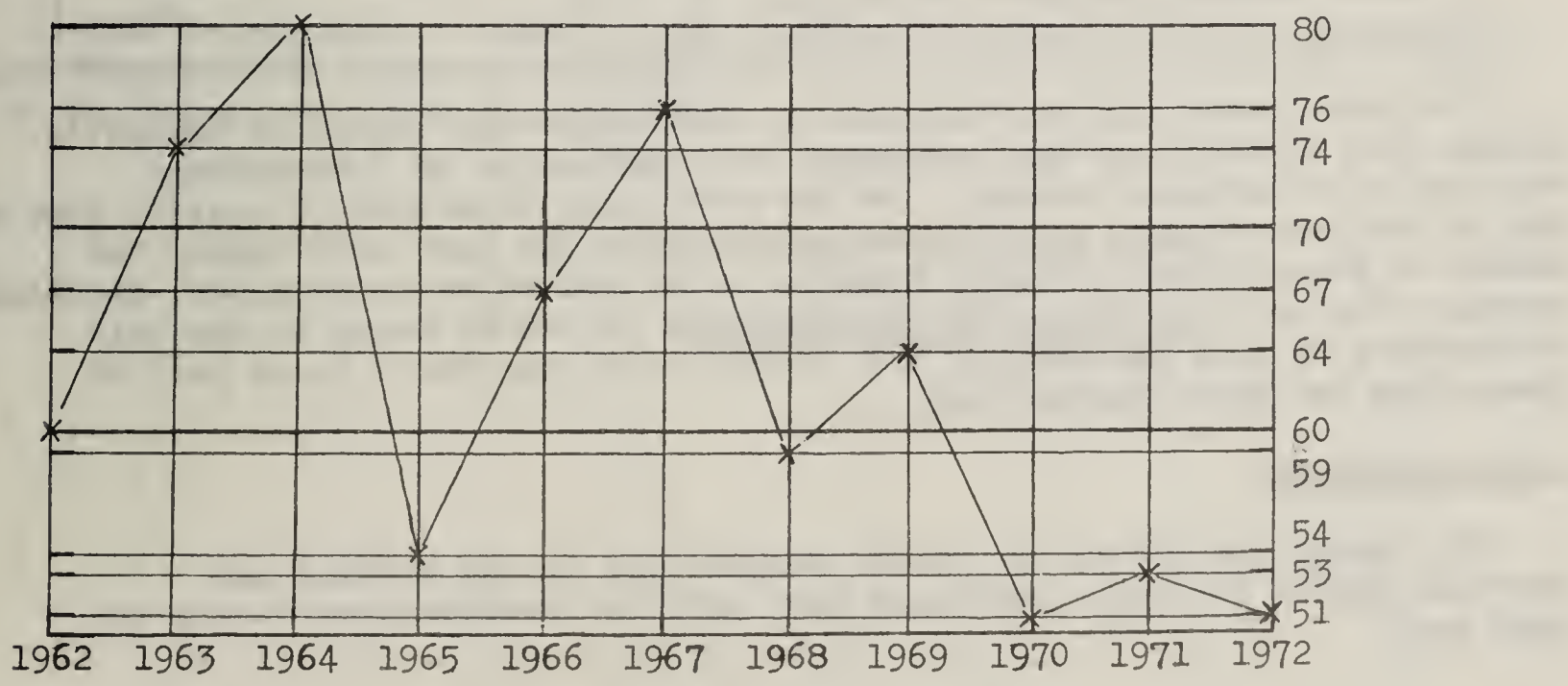
A recent follow-up of children given B.C.G. showed a protective efficiency of 78% over a 15 year period. The protection rate was 87% in the first five years but only 59% in the 10 to 15 year period. It has become apparent that a significant number of children given B.C.G. are Tuberculin negative if tested five years later. This does not necessarily imply that they are then no longer protected, but if they are exposed to any special risk of infection, re-vaccination is advised.

Carcinoma of the Bronchus

The number of cases of carcinoma of the bronchus diagnosed at the chest centre is almost unchanged in 1972. Of the 51 new cases diagnosed only 22 had survived to the end of the year. Of the 51 new cases, 24 were diagnosed through the mass radiography unit.

Figure 1 shows the number of new cases of bronchial carcinoma seen at the Chest Centre during the last ten years. In 1972 only 5 casesseen at the chest centre were submitted for surgery.

Figure 1



A further six patients were submitted to exploratory thoracotomy but were found unsuitable for potentially curative operations.

If all five cases who had successful operations are alive and well in five years, our success rate will be a little better than average. It is generally accepted that the five year survival rate is only between 5 to 8 percent, which emphasises the overriding importance of prevention in this condition. The anti-smoking campaign makes painfully slow progress. Rather more palliative treatment with cytotoxic drugs has been given during the past year and radiotherapy continues to play a useful part in alleviation of symptoms in some cases.

Mass Radiography

The attendances increased during 1972 after the decrease which followed the move from Brunswick Street to the City General Hospital, and the unit continues to perform a useful function.

Table 5 refers to the work of the unit during 1972 and the preceding two years.

Table 5

	1972	1971	1970
Miniature films	5,538	5,349	6,674
Referred for clinical examinations	364	343	434
Active tuberculosis	4	8	17
Inactive tuberculosis	13	12	8
Bronchiectasis	6	7	3
Neoplasm	24	21	26
Pneumoconiosis	1	-	2
Sarcoidosis	1	1	1
Cardiac conditions	28	39	30
Doctors cases	2,561	2,402	3,014
Contacts from chest centre ...	193	152	234
General public	1,347	1,722	2,307
Works personnel	1,250	1,073	1,117
Local Medical Officers of Health	197	-	-

No visits were paid to this area by the mobile unit based on Newcastle during 1972 although one was requested for examination of Tuberculosis contacts in a Carlisle factory. As the unit takes some time to travel, even as far as Carlisle, and it is expected to return to its base each night, the number of hours it can actually operate is so limited as to be almost worthless. Anywhere further from Newcastle than Carlisle is out of range of the unit altogether, so this facility is not in fact available for a large part of Cumberland and North Westmorland.

Acknowledgements

My thanks are due to Dr. H.L.R. Sargant and to the nursing and clerical staffs for their continued hard work and co-operation during the past year.

R.J.C. SOUTHERN, M.B.,M.R.C.P.

Consultant Chest Physician.

SOUTH WESTMORLAND

TUBERCULOSIS

At the end of 1972 the number of patients on the Clinic Register was forty-nine, a reduction of three over the year.

During the year nine patients in this area were diagnosed as suffering from tuberculosis and there was one inward transfer. One of the new patients was an immigrant worker who infected three children, most of the others having suffered a breakdown of previously existing disease. There has, therefore, been a very low incidence of new tuberculosis in the resident population of South Westmorland. There was no instance of drug resistance.

Hospitals

Beaumont Hospital, Lancaster, remains the treatment centre for tuberculous patients requiring in-patient care. There are thirty-six beds and no waiting list for admission.

Clinics

	1968	1969	1970	1971	1972
New Cases	293	271	235	193	225
B.C.G. Vaccinations	39	38	42	34	30
Total attendances	909	782	679	670	740
Visits by Tuberculosis Health Visitor	445	406	395	316	302

The work of the Chest Clinic continues mainly unchanged from previous years, though the number of tuberculous patients continues to fall slowly. The average duration of in-patient care is only about three months and recent drug therapy holds the promise of being able to reduce even further the length of out-patient drug administration.

It is still necessary however to maintain vigilance and the work done by the Tuberculosis Health Visitor in tracing and checking Contacts remains an essential part of tuberculosis work.

I wish to express my thanks to the Staff of the Chest Clinic, Westmorland County Hospital for their work throughout the year and also to Dr. F. T. Madge, Dr. H. P. Ferrer and their Departments.

R. DOUGLAS YOUNG, M.D., M.R.C.P.E.,

Consultant Chest Physician.

ANTE-NATAL, MOTHERCRAFT AND RELAXATION CLASSES

TABLE I

Number of women who attended during the year	Institutional booked	136
	Domiciliary booked	3
	Total	139
Total attendances during the year		934

HOME NURSING

TABLE II

	Persons aged under 5 years at first visit	Persons aged 5 - 64 years at first visit	Persons aged 65 and over at first visit	Totals
Number of persons nursed during the year	107	2,026	3,925	6,058
Number of visits paid during the year	861	12,330	55,742	68,933

CHILD HEALTH CLINICS

TABLE III

No. provided	attended and who were born in:			No. of sessions held by				Total number of sessions	Total attendances of children who were born in:		
	1972	1971	1967-69	Medical Officers	Health Visitors	G.Ps. on sessional basis	Hospital Medical Staff		1972	1971	1967-69
17	551	411	368	82	90	121	-	293	3,040	2,633	2,479

HEALTH VISITING - VISITS

TABLE IV

Children		Persons between:			Visited for Tuberculosis	Other Infectious Diseases	Any Other Reason	Total	Persons included in Columns 1-5 who are:	
Born 1972 (1)	Under 5 (2)	5-16 years (3)	17-64 years (4)	65 and over (5)	(6)	(7)	(8)	(9)	Mentally Handicapped (10)	Mentally Ill (11)
7,673	9,375	580	1,053	4,617	130	140	384	23,952	68	90

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES

TABLE V

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked	Doctor booked	Total	
2	20	22	897

AMBULANCE SERVICES

TABLE VI

(1)	Number of Vehicles at 31.12.72. (2)	Total Number of patients (3)	Total Number of journeys (4)	Number of emergency patients included in col. (3) (5)	Total mileage during period (6)
Ambulances	10	7,533	3,352	965	136,559
Cars	See below *	37,996	13,846	161	461,450

NOTE - * The Sitting-Case Car Service was provided by voluntary drivers and taxis.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1972

AGES	Smallpox	Scarlet Fever	Paratyphoid Fever	Acute Poliomyelitis non-Paralytic	Acute Poliomyelitis Paralytic	Encephalitis	Dysentery	Opthalmia Neonatorum	Measles	Whooping Cough	Food Poisoning	Acute Post-Infective Encephalitis	Typhoid Fever	Acute Meningitis	Infective Jaundice	Malaria Contracted Abroad
Under 1 year	-	-	-	-	-	-	-	-	30	-	-	-	-	-	-	-
1-2 years	-	1	-	-	-	-	-	-	128	-	-	-	-	-	1	-
3-4 years	-	1	-	-	-	1	-	-	163	-	-	1	-	-	-	-
5-9 years	-	3	-	-	-	-	-	-	300	-	-	-	-	-	1	-
10-14 years	-	6	-	-	-	-	1	-	37	-	-	1	-	1	1	-
15-24 years	-	2	-	-	-	-	2	-	8	-	-	-	-	1	7	1
25 years and over	-	-	-	-	-	1	-	-	2	-	2	-	1	-	8	-
Total Cases notified	-	13	-	-	-	2	3	-	668	-	2	2	1	2	18	1

NOTIFIABLE DISEASES 1972

	Appleby	Kendal	Lakes	Windermere	N. Westmorland	S. Westmorland	Totals 1972	Totals 1971
Smallpox	-	-	-	-	-	-	-	-
Scarlet Fever	-	2	1	1	7	2	13	8
Paratyphoid Fever	-	-	-	-	-	-	-	-
Pulmonary Tuberculosis	-	-	1	1	-	6	8	9
Other Forms of Tuberculosis	-	1	-	-	1	1	3	1
Acute Poliomyelitis non-Paralytic	-	-	-	-	-	-	-	-
Acute Poliomyelitis Paralytic	-	-	-	-	-	-	-	-
Encephalitis	-	2	-	-	-	-	2	-
Dysentery	-	-	-	-	-	3	3	2
Opthalmia Neonatorum	-	-	-	-	-	-	-	-
Measles	1	362	16	20	46	223	668	100
Whooping Cough	-	-	-	-	-	-	-	11
Food Poisoning	-	-	-	1	1	-	2	4
Acute Post-Infective Encephalitis	-	1	-	-	-	2	2	-
Typhoid Fever	-	1	-	-	-	-	1	-
Acute Meningitis	-	1	-	-	-	1	2	2
Infective Jaundice	-	11	-	1	-	6	18	12
Malaria Contracted Abroad	-	1	-	-	-	-	1	1

SCHOOL HEALTH SERVICE

STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer - H.P. FERRER, M.B.,Ch.B.Ed.,D.P.H.(Distinc.) M.F.C.M.

Deputy Principal School Medical Officer - A. HAZELDEN, M.B.,B.S.

Principal School Dental Officer - M.D. McGARRY, L.D.S.

Senior Dental Officer - J.B. MILLER, B.D.S., L.D.S.

School Dental Officers - K. S. NUNN, B.D.S.
Miss C.D. EVANS, B.D.S.

Audiology Technician: Mrs. M. OAKLEY (resigned 31.7.72).
Audiology Technician: Mrs. Grace HARDIE (appointed 1.9.72)
Peripatetic Teacher of the Deaf: Mr. Alan TATTERSALL (appointed 1.9.72)
Speech Therapist: Miss Christine Brownlow (resigned 12.12.72).

SPECIAL CLINICS AND CONSULTANTS

Diseases of the Eye - O. M. DUTHIE, M.D.,F.R.C.S.

Diseases of the Chest -

Dr. R.J.C. SOUTHERN, (Consultant Chest Physician)
Chest Centre, Carlisle.

Dr. R. DOUGLAS YOUNG, (Consultant Chest Physician)
Lancaster and Kendal.

Consulting Psychiatrists -

Dr. R.C. CUNNINGHAM, Medical Superintendent,
Royal Albert Hospital, Lancaster.

Dr. D. ROSS, M.B.,Ch.B.,M.R.C.Psy.,D.P.M. Consultant Child Psychiatrist.
Lancaster Moor Hospital, Lancaster.

THE EDUCATION AREA

County of Westmorland:

Area		504,917 acres
Population (estimated mid-1972) ...		72,310
Estimated Product of 1p. Rate, 1972/73		£27,740
Number of Schools - Primary		73
Secondary		11
Nursery		1
Special		2
Number of pupils (January 1972)		
Primary	7,071	
Secondary	4,628	
Nursery	81	
Special	111	
	11,891	

Milk in Schools Scheme

The Local Education Authority now enters into annual contracts with dairymen for the supply of milk to schools. The responsibility of the Principal School Medical Officer for approving the source of supply remains unaffected. Despite efforts to obtain the safest milk available, too many schools are still supplied with Untreated Milk, and the position cannot be regarded as entirely satisfactory until all supplies are heat-treated.

County Schools

Designation of milk supplies	No. of schools
Untreated	14
Pasteurised	57
	71
Number of schools taking milk in other than ⅓ pint containers	12

By arrangement with the Council's Sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically, and out of 37 samples taken, 9 failed to satisfy the prescribed tests.

Infestation (Uncleanliness)

During the past year 17,978 examinations were carried out by the Health Visitors, and the number of children found to be infested with lice or nits was 68 compared with 95 during the previous year.

Ear, Nose and Throat Conditions

214 children received operative treatment for adenoids and chronic tonsillitis during the year. This reflects the fact that patients are now usually referred to hospital by the School Medical Officer only after repeated observation and also that by far the majority of the children are referred for this operation by their family doctors.

Children with special defects or abnormalities are referred to the hospitals in Kendal, Lancaster and Carlisle, to be seen by the consulting surgeons. This procedure has been helpful in dealing with such cases as chronic otorrhoea, increasing deafness and infected sinuses and particularly children found to be deaf as a result of routine audiometric surveys in the Schools.

The following list illustrates the type of case referred:

Condition	No. of children referred
Defective hearing	58
Enlarged tonsils and adenoids with other symptoms	29
Other ear, nose and throat defects and infections	10

Speech Therapy

Number of children who have attended for Speech Therapy	184
Number of attendances made	3460

Miss Christine Brownlow is the full-time Speech Therapist and Mrs. Joyce Spencer continues with part-time services. The maintenance of this service in the face of a national shortage of trained personnel is very difficult.

Audiometric Surveys

All children in attendance at a school should receive a Sweep Test, using the Pure Tone Audiometer. Any children failing to respond satisfactorily to this test are investigated more fully by being given a more thorough test either at the school, or if, as frequently happens, conditions there are unsatisfactory on account of noise, etc., at a clinic. Many failures at Sweep Test may be due to catarrhal conditions and, when these exist, the test is repeated when the condition has resolved. Impedance audiometry may change the pattern of tests in the future and, at the end of the year, an Impedance Audiometer was purchased.

Children whose response to further testing is still unsatisfactory are seen by a member of the Medical Staff of the Department who decides in each case whether reference to an Ear, Nose and Throat Consultant is necessary.

No. of Sweep tests carried out	1,723
No. of Diagnostic tests carried out ...	274
	1,997

The Acoustic Impedance Survey commenced in November 1972. 56 children were tested up to end of December 1972.

Child Guidance Clinic

Dr. D. Ross, the Consultant Child Psychiatrist, holds two weekly sessions at the Health Services Clinic, Kendal. Dr. Wood, Consultant Child Psychiatrist, takes over the occasional Child Guidance case in Westmorland.

The service of an Educational Psychologist will still be needed. It is often overlooked that an Educational Psychologist is not just a tester of children but can provide a wide range of services in support of Child Guidance and Special Education.

The range of tests that are available for use by an Educational Psychologist is very wide indeed and far beyond that of a Medical Officer's training. These tests are not just academic in an isolated diagnostic sense but are also of considerable importance in management of the child.

It is hoped that an early appointment can be made.

School Clinics

The Department has requested that this Report should give the location and details of the sessions held at the School Clinics and the relevant information is given below:

Location	Types of Clinics	Frequency of Sessions
Health Services Clinic, Kendal.	Dental treatment	Daily
	Ophthalmic examination	Weekly
	Speech Therapy	As required
	Vaccination	As required
	Child Guidance	Weekly
U.D.C. Offices, Ambleside.	Dental	As required
Appleby Clinic	Dental	Daily
	Vaccination	As required.

Orthopaedic Scheme

All cases within reasonable reach of Kendal are referred to the Orthopaedic Out-Patient Department at the Westmorland County Hospital, cases from North Westmorland to Cumberland Infirmary.

Number of children known to be attending Hospital Out-patient Departments during the year was 97.

Handicapped Pupils

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are referred usually by Consultants, General Practitioners, Health Visitors, School Teachers or the Adviser for Special Education to the School Medical Officer who examines them and reports to the Local Education Authority. The number of cases examined during the year was 56 of whom 20 were recommended for admission to Special Schools for Educationally Subnormal pupils, one for Delicate Pupils and one for Physically Handicapped Pupils. 34 were recommended for special help at ordinary schools.

In addition 42 children were informally assessed, including 18 pre-school children.

A copy of the report on each case is submitted to the Director of Education so that the Special Adviser for Education may arrange any special attention required in the ordinary school for those children needing it.

I am indebted to the Director of Education for the figures in the Tables on pages 56 and 57.

Treatment of Visual Defects

All school children found to be suffering from visual defects are referred for examination under the General Ophthalmic Service administered by the Executive Council under the National Health Service Act, and spectacles, where necessary, are supplied under the provisions of that Act. By arrangement with the Local Executive Council, Mr. O.M. Duthie, F.R.C.S., Consultant Ophthalmologist, holds weekly sessions at the Health Services Clinic, Kendal, but parents are given the opportunity to make their own arrangements with Opticians if they prefer it.

Children whose eye conditions necessitate treatment other than the provision of spectacles are referred to the Ophthalmic Consultant at the Westmorland County Hospital or at the Cumberland Infirmary.

Total number referred for testing of vision	142
Total number examined by Ophthalmologists or Ophthalmic Opticians	224

B.C.G. VACCINATION OF SCHOOLCHILDREN

A full report on the B.C.G. Vaccination arrangements is given in the Report of the County Medical Officer of Health, but it may be mentioned here that during 1972, the following work relating to school children was undertaken:

Number Skin Tested	Number Positive	Number Vaccinated	Percentage Positive
855	13	776	1.5

The percentage of children found positive shows a slight decrease on the figure for the previous year.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1972

I have the honour to present the Annual Report for the School Dental Service for the County of Westmorland for 1972. The Statistical Tables will be found on page 55.

Staff

Dental Officers

There are no changes to report amongst the Dental Officers. Such continuity can only be beneficial.

Dental Surgery Assistants

Mrs. Doreen Smith and Mrs. Maris Phillips both resigned from post in October and were replaced immediately by Mrs. Maureen Monaghan and Mrs. Lillie Cooper.

Inspection and Treatment

The service is working well and efficiently within the limitations of its resources and present circumstances. The present establishment of four Dental Officers was accepted in 1959 and a study of our statistical returns since 1960 shows a steady increase in the amount of work done by the service each year with a decrease in the percentage of the school population inspected. 50 percent of schools in the county now have a two year interval between inspections which is far removed from the ideal objective of an inspection for every child in the county every six months.

This disturbing situation will not improve until such time as the establishment of Dental Officers is increased to five. An additional strain has been placed on our limited manpower resources by the raising of the school leaving age.

Clinical Accommodation

1972 saw the opening of Appleby Health Centre with its well laid out and well equipped dental suite which provides facilities of a standard long overdue in that area. The satisfactory functioning of this clinic and the increased demand are arguments in favour of the inclusion of dental suites for our service wherever possible in new Health Centres. The Mobile Clinics function well and their efficiency should be improved by a scheme at present in hand for the provision of an increased electrical supply and standardised water supply at selected schools.

Plans are also in hand for the provision of a second surgery in the Kendal Clinic.

Department of Education and Science

In December the dental service was reviewed by a Dental Officer from the Department. The subsequent report was favourable; productivity of the Service and clinical accommodation being singled out for special praise.

Attention was drawn to the changing pattern of treatment mentioned earlier in my report - a paradoxical situation where the more successful the service, the greater the demand, with a consequent increase in the work load of the staff. This inevitably results in an every increasing delay between inspections.

In conclusion I wish as ever to thank my staff for their enthusiasm and effort and the members of the teaching profession for their generous co-operation.

M. D. McGARRY.

STATISTICAL TABLES
PART I
MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by year of birth)	No. of Pupils Inspected	Physical condition of Pupils Inspected		No. of pupils found not to warrant a Medical Exam.	Pupils found to require treatment		Total individual pupils
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any of the other conditions recorded in Pt.II	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 & later	240	240	-	-	2	20	20
1967	882	882	-	-	3	65	68
1966	162	162	-	-	2	7	8
1965	53	53	-	-	1	4	5
1964	65	65	-	-	2	5	6
1963	74	74	-	-	2	3	5
1962	40	40	-	1	2	4	5
1961	274	274	-	385	4	18	22
1960	119	119	-	178	6	5	10
1959	40	40	-	-	1	2	3
1958	30	30	-	1	1	1	1
1957 & earlier	256	256	-	419	5	6	11
TOTAL	2235	2235	-	984	31	140	164

Col. 3 as percentage of Col. 2 - 100%. Col. 4 as percentage of Col. 2 - NIL.

B - INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons 17,978

(ii) Total number of individual pupils found to be infested 68

(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act,1944) NIL

(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3),Education Act, 1944) NIL

PART II

A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of cases known to have been dealt with:-

External and other, excluding errors of refraction and squint ...	1
Errors of refraction, including squint	223
Total	224
Number of pupils for whom spectacles were prescribed	80

B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Number of cases known to have been treated:-

Received operative treatment:

(a) for diseases of the ear	18
(b) for adenoids and chronic tonsillitis	214
(c) for other nose and throat conditions	14
Received other forms of treatment	9
	255

Total number of pupils known to have been provided with hearing aids:-

(a) in 1972	21
(b) in previous years	2

C - ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated:-

(a) at clinics or out-patient departments	97
(b) at school for postural defects	NIL
	97

D - DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table B of Part I)

Number of cases known to have been treated:-

(a) Ringworm - (i) Scalp	-
(ii) Body	-
(b) Scabies	-
(c) Impetigo	-
(d) Other skin diseases	5
	5

E - CHILD GUIDANCE TREATMENT

Pupils treated at Child Guidance Clinics	50

F - SPEECH THERAPY

Pupils treated by Speech Therapists	184

G - OTHER TREATMENT GIVEN

Number of cases known to have been dealt with:-

(a) Pupils with minor ailments	NIL
(b) Pupils who have received convalescent treatment under School Health Service arrangements	NIL
(c) Pupils who received B.C.G. vaccination	776
(d) Other: Miscellaneous Medical and Surgical conditions ...	143
	919

NOTE It should be observed throughout Part II above that the figures given for treatment other than that carried out under the Authorities' arrangements can be regarded only as incomplete. Information received from hospitals varies considerably.

SCHOOL DENTAL SERVICE

1. Attendances & Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	1,717	1,417	492	3,626
Subsequent visits	1,704	2,455	1,018	5,177
Total visits	3,421	3,872	1,510	8,803
Additional courses of treatment commenced	287	254	112	653
Fillings in permanent teeth	1,437	3,553	1,794	6,784
Fillings in deciduous teeth	2,165	77	-	2,242
Permanent teeth filled	1,126	3,038	1,553	5,717
Deciduous teeth filled	1,730	73	-	1,803
Permanent teeth extracted	77	368	148	593
Deciduous teeth extracted	889	386	-	1,275
General anaesthetics	247	75	6	328
Emergencies	142	104	24	270

Number of Pupils X-rayed	258
Prophylaxis	545
Teeth otherwise conserved	1,368
Number of teeth root filled	22
Inlays	2
Crowns	12
Courses of treatment completed	3,124

2. Orthodontics

New cases commenced during year	86
Cases completed during year	27
Cases discontinued during year	3
Number of removable appliances fitted	96
Number of fixed appliances fitted	3
Pupils referred to Hospital Consultant	35

3. Prosthetics

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	1	1
Pupils supplied with other dentures (first time)	-	16	5	21
Number of dentures supplied	-	19	8	27

4. Anaesthetics

General Anaesthetics administered by Dental Officers	328

5. Inspections

(a) First inspection at school. Number of pupils	5,582
(b) First inspection at clinic. Number of pupils	666
Number of (a) + (b) found to require treatment	4,340
Number of (a) + (b) offered treatment	4,254
(c) Pupils re-inspected at school clinic	1,019
Number of (c) found to require treatment	816

6. Sessions

Sessions devoted to treatment	1,207
Sessions devoted to inspection	64
Sessions devoted to Dental Health Education	53

TABLE I

RETURN OF HANDICAPPED PUPILS

New assessments and placements

In the Calendar Year ending 31st December 1972	(1)Blind (2)Partially sighted		(3)Deaf (4)Partial Hearing		(5)Physically Handicapped (6)Delicate		(7)Emotional Disorder (8)Educationally subnormal		(9)Epileptic (10)Speech defects		TOTAL (1 - 10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
(a) Number of handicapped children who were newly assessed as needing special educational treatment at special schools or in boarding homes	-	1	-	-	-	1	4	24	-	-	30
(b) Number of children who were newly placed in special schools (other than hospital special schools) or boarding homes ...	-	-	-	-	-	1	3	14	-	-	18

TABLE II

HANDICAPPED PUPILS

Pupils Awaiting Places in Special Schools or receiving Education in Special Schools: Independent Schools: In Special Classes and Units: Under Section 56 of the Education Act 1944: and Boarded in Homes.

As at 31st January 1973, number of children who were awaiting places in special schools (other than hospital schools).	(1)Blind (2)Partially sighted		(3)Deaf (4)Partial Hearing		(5)Physically Handicapped (6)Delicate		(7)Emotional Disorder (8)Educationally subnormal		(9)Epileptic (10)Speech defects		TOTAL (1 - 10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
(1) Under five years of age:											
Day places	-	-	-	-	-	-	-	-	-	-	-
Boarding places	-	-	-	-	-	-	-	-	-	-	-
(2) Over 5 years of age:											
Day places	-	-	-	-	-	-	-	20	-	-	20
Boarding places	-	-	-	-	1	-	1	-	-	-	2
TOTAL	-	-	-	-	1	-	1	20	-	-	22

TABLE III

HANDICAPPED PUPILS

Number of Pupils on the Registers of:	(1)Blind (2)Partially sighted		(3)Deaf (4)Partial Hearing		(5)Physically Handicapped (6)Delicate		(7)Emotional Disorder (8)Educationally subnormal		(9)Epileptic (10)Speech defects		TOTAL (1 - 10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
(1)Maintained Special Schools(other than Hospital Special Schools and Special classes and units not forming part of a special school)regardless by what authority they are maintained.											
(a) Day	-	-	-	-	-	-	-	113	-	-	113
(b) Boarding	-	-	-	1	3	-	-	7	1	-	12
(2)Non-maintained Special Schools(other than Hospital Special Schools and Special classes and units not forming part of a special school) wherever situated.											
(a) Day	-	-	-	-	-	-	-	-	-	-	-
(b) Boarding	2	-	-	7	1	-	1	2	-	-	13
(3)Independent schools under arrangements made by the Authority.											
(a) Day	-	-	-	-	-	-	-	-	-	-	-
(b) Boarding	-	-	-	-	-	-	3	4	-	-	7
(4)Special Classes in ordinary schools ...	-	-	-	-	-	-	-	15	-	-	15
(5)Boarded in Homes and not included above	-	-	-	-	-	-	-	3	-	-	3
(6)Educated in Hospital	-	-	-	-	-	-	-	5	-	-	5
(7)Educated at Home	-	-	-	-	-	-	-	1	-	-	1
Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools; special schools and units: under Section 56 of the Education Act 1944 and boarded in homes	2	-	-	8	5	-	5	170	1	-	191